

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31118**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (if outside corporate limits, write RURAL and give township) OR <u>3 miles W. of Powellville</u> TOWN <u>Mo. on highway 66</u>				c. CITY (if outside corporate limits, write RURAL and give township) OR <u>Chicago</u> TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (if rural, give location) <u>7004 W 72d St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>David</u>		b. (Middle) <u>Elmer</u>		c. (Last) <u>Russell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 6 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>26 Sep 1931</u>		9. AGE (in years last birthday) <u>19</u>		10. MONTHS <u>1</u>		11. DAYS <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>high school</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elmer Russell</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes (Enl) 23 June 49</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>E. W. GRUNEWALD Major, MSC, US Army Hosp, Ft Leonard Wood, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, subdural, subarachnoid</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Multiple fractures, skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Multiple fractures, extremities</u>				INTERVAL BETWEEN ONSET AND DEATH <u>less 10 min.</u> <u>82 5/11 32</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3 miles W. of Powellville Pulaski Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sep 6 51 3:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>DEAD ON ARRIVAL</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald K. Baugh 1st Lt. MC 17</u>		23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>6 Sep 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highway 66</u>		24d. LOCATION (City, town, or county) (State) <u>Highway 66 Pulaski Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-51</u>		REGISTRAR'S SIGNATURE <u>Walter P. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Anderson</u>		ADDRESS <u>Highway 66 Pulaski Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED 9-18-51
Pulaski County Health Officer
File Number
Date Filed 9-16-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Clarence Moss
Student Embalmer

Student Embalmer No. 432

Signed _____

Licensed Embalmer No. H 265

P. O. Address Hevia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.